

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20_____			See separate instructions.	
Your first name and middle initial CLEMANE		Last name TOUSSAINT	Your social security number 749 93 6791	
If joint return, spouse's first name and middle initial		Last name	Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 272 E QUEEN ST			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
City, town, or post office. If you have a foreign address, also complete spaces below. CHAMBERSBURG		State PA		ZIP code 17201
Foreign country name		Foreign province/state/county		Foreign postal code

Filing Status Check only one box.	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Head of household (HOH)
	<input type="checkbox"/> Married filing jointly (even if only one had income)	
	<input type="checkbox"/> Married filing separately (MFS)	<input type="checkbox"/> Qualifying surviving spouse (QSS)
	If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____	
	<input type="checkbox"/> If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____	

Digital Assets	At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Standard Deduction	Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien	

Age/Blindness	You: <input type="checkbox"/> Were born before January 2, 1960 <input type="checkbox"/> Are blind Spouse: <input type="checkbox"/> Was born before January 2, 1960 <input type="checkbox"/> Is blind					
Dependents	(see instructions):					
If more than four dependents, see instructions and check here <input type="checkbox"/>	(1) First name Last name (2) Social security number (3) Relationship to you (4) Check the box if qualifies for (see instructions): Child tax credit Credit for other dependents					
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	1478
	b Household employee wages not reported on Form(s) W-2	1b	0
	c Tip income not reported on line 1a (see instructions)	1c	0
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	0
	e Taxable dependent care benefits from Form 2441, line 26	1e	0
	f Employer-provided adoption benefits from Form 8839, line 29	1f	0
	g Wages from Form 8919, line 6	1g	0
	h Other earned income (see instructions)	1h	0
	i Nontaxable combat pay election (see instructions)	1i	
	z Add lines 1a through 1h	1z	1478
	2a Tax-exempt interest	2a	0
	3a Qualified dividends	3a	0
	4a IRA distributions	4a	
	5a Pensions and annuities	5a	
	6a Social security benefits	6a	0
c If you elect to use the lump-sum election method, check here (see instructions)		<input type="checkbox"/>	
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	0	
8 Additional income from Schedule 1, line 10	8	0	
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	1478	
10 Adjustments to income from Schedule 1, line 26	10	0	
11 Subtract line 10 from line 9. This is your adjusted gross income	11	1478	
12 Standard deduction or itemized deductions (from Schedule A)	12	14600	
13 Qualified business income deduction from Form 8995 or Form 8995-A	13	0	
14 Add lines 12 and 13	14	14600	
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	0	

Tax and Credits

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	0
17	Amount from Schedule 2, line 3	17	0
18	Add lines 16 and 17	18	0
19	Child tax credit or credit for other dependents from Schedule 8812	19	0
20	Amount from Schedule 3, line 8	20	0
21	Add lines 19 and 20	21	0
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0
24	Add lines 22 and 23. This is your total tax	24	0

Payments

25	Federal income tax withheld from:				
a	Form(s) W-2	25a	168		
b	Form(s) 1099	25b	0		
c	Other forms (see instructions)	25c	0		
d	Add lines 25a through 25c	25d	168		
26	2024 estimated tax payments and amount applied from 2023 return	26	0		
27	Earned income credit (EIC)	27	113		
28	Additional child tax credit from Schedule 8812	28	0		
29	American opportunity credit from Form 8863, line 8	29	0		
30	Reserved for future use	30			
31	Amount from Schedule 3, line 15	31	0		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	113		
33	Add lines 25d, 26, and 32. These are your total payments	33	281		

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	281
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input checked="" type="checkbox"/>	35a	281

Direct deposit?
See instructions.

b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number		
36	Amount of line 34 you want applied to your 2025 estimated tax	36	0

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	0
38	Estimated tax penalty (see instructions)	38	0

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes**. Complete below. ☒ **No**

Designee's name	Phone no.	Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return?
See instructions.
Keep a copy for
your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		ORDER PICKING	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name	Phone no.			
Firm's address	Firm's EIN			

Allocation of Refund

Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.
Go to www.irs.gov/Form8888 for the latest information.

Name(s) shown on return CLEMANE TOUSSAINT	Your social security number 749 93 6791
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Direct Deposit

1a Amount to be deposited in first account (see instructions)	1a	241																
b Routing number <table><tr><td>2</td><td>6</td><td>7</td><td>0</td><td>8</td><td>4</td><td>1</td><td>3</td><td>1</td></tr></table> c <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	2	6	7	0	8	4	1	3	1									
2	6	7	0	8	4	1	3	1										
d Account number <table><tr><td>6</td><td>7</td><td>9</td><td>2</td><td>6</td><td>2</td><td>2</td><td>2</td><td>3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	6	7	9	2	6	2	2	2	3									
6	7	9	2	6	2	2	2	3										
2a Amount to be deposited in second account	2a	40																
b Routing number <table><tr><td>0</td><td>3</td><td>1</td><td>3</td><td>0</td><td>2</td><td>9</td><td>5</td><td>5</td></tr></table> c <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	0	3	1	3	0	2	9	5	5									
0	3	1	3	0	2	9	5	5										
d Account number <table><tr><td>9</td><td>8</td><td>9</td><td>8</td><td>2</td><td>1</td><td>1</td><td>2</td><td>7</td><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	9	8	9	8	2	1	1	2	7	2								
9	8	9	8	2	1	1	2	7	2									
3a Amount to be deposited in third account	3a																	
b Routing number <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> c <input type="checkbox"/> Checking <input type="checkbox"/> Savings																		
d Account number <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		

Paper Check

4 Amount to be refunded by check	4	0
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Total Allocation of Refund

5 Add lines 1a, 2a, 3a, and 4. The total must equal the refund amount shown on your tax return .	5	281
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Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

Taxpayer name CLEMANE TOUSSAINT

Taxpayer address (optional)

272 E QUEEN ST

CHAMBERSBURG PA 17201

1. ☒ Your federal income tax return for 2024 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by _____.
2. ☐ Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____.
3. ☐ Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. ☐ Your electronic funds withdrawal payment request was accepted for processing.
5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. ☐ Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS e-file Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.



Before you begin: ✓ Be sure you are using the correct worksheet. Use this worksheet only if you answered “No” to Step 5, question 2. Otherwise, use Worksheet B.

Part 1**All Filers Using Worksheet A**

1. Enter your earned income from Step 5.

1	1478
---	------

2. Look up the amount on line 1 above in the EIC Table (right after Worksheet B) to find the credit. Be sure you use the correct column for your filing status and the number of qualifying children you have who have a valid SSN as defined earlier. Enter the credit here.

2	113
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If line 2 is zero, You can't take the credit. Enter “No” on the dotted line next to Form 1040 or 1040-SR, line 27.

3. Enter the amount from Form 1040 or 1040-SR, line 11.

3	1478
---	------

4. Are the amounts on lines 3 and 1 the same?

☒ **Yes.** Skip line 5; enter the amount from line 2 on line 6.

☐ **No.** Go to line 5.

Part 2**Filers Who Answered “No” on Line 4**

5. If you have:

- No qualifying children who have a valid SSN, is the amount on line 3 less than \$10,330 (\$17,250 if married filing jointly)?
- 1 or more qualifying children who have a valid SSN, is the amount on line 3 less than \$22,720 (\$29,640 if married filing jointly)?

☐ **Yes.** Leave line 5 blank; enter the amount from line 2 on line 6.

☐ **No.** Look up the amount on line 3 in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of qualifying children you have who have a valid SSN. Enter the credit here. Look at the amounts on lines 5 and 2. Then, enter the **smaller** amount on line 6.

5	
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Part 3**Your Earned Income Credit**

6. This is your earned income credit.

6	113
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Enter this amount on Form 1040 or 1040-SR, line 27.

Reminder—

✓ If you have a qualifying child, complete and attach Schedule EIC.



If your EIC for a year after 1996 was reduced or disallowed, see Form 8862, who must file, earlier, to find out if you must file Form 8862 to take the credit for 2024.

Step 5 Earned Income

1. Enter the amount from Form 1040 or 1040-SR,
line 1z 1. 1478
2. Enter the Medicaid waiver payment amounts
excluded from income on Schedule 1 (Form 1040),
line 8s, unless you choose to include these amounts
in earned income, in which case enter -0-. See the
instructions for Schedule 1, line 8s. 2. 0



If you and your spouse both received Medicaid waiver payments during the year, you and your spouse can make different choices about including the full amount of your payments in earned income. Enter only the amount of Medicaid waiver payments that you or your spouse, if filing a joint return, do not want to include in earned income. To include all nontaxable Medicaid waiver payment amounts in earned income, enter -0-.

3. Subtract line 2 from line 1 3. 1478
4. Enter all of your nontaxable combat pay if you elect
to include it in earned income. Also enter the amount
of your nontaxable combat pay on line 1i of Form
1040 or 1040-SR. See *Combat pay*,
nontaxable, later 4. 0



Electing to include nontaxable combat pay may increase or decrease your EIC. Figure the credit with and without your nontaxable combat pay before making the election.

5. Add lines 3 and 4.
This is your earned income 5. 1478

PA-40 - 2024
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (08-24)

749936791

TOUSSAINT

CLEMANE

Occupation ORDER PICK

Occupation

272 E QUEEN ST

CHAMBERSBURG

PA 17201

US

28130

N Extension. N Amended Return.
R Residency Status.
PA Resident/Nonresident/Part-Year Resident
from to
S Single, Married/Filing Jointly,
Married/Filing Separately, Final Return
N Deceased
N Taxpayer Date of Death
N Spouse Date of Death
N Farmers.
School District Name CHAMBERSBURG A

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
- 1b Unreimbursed Employee Business Expenses.
- 1c Net Compensation. Subtract Line 1b from Line 1a.
- 2 Interest Income. Complete PA Schedule A if required.
- 3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
- 4 Net Income or Loss from the Operation of a Business, Profession, or Farm.
- 5 Net Gain or Loss from the Sale, Exchange, or Disposition of Property.
- 6 Net Income or Loss from Rents, Royalties, Patents, or Copyrights.
- 7 Estate or Trust Income. Complete and submit PA Schedule J.
- 8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
- 9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7, and 8. DO NOT ADD any losses reported on Lines 4, 5, or 6.
- 10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
- 11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

1a	1478
1b	0
1c	1478
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	1478
10	0
11	1478



PA-40 - 2024

Social Security Number

749936791

Name(s) TOUSSAINT CLEMANE12 **PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).**

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2023 PA Income Tax return.

15 2024 Estimated Installment Payments. REV-459B included.

16 2024 Extension Payment.

17 Nonresident Tax Withheld from your **PA Schedule(s) NRK-1.** (Nonresidents only)18 **Total Estimated Payments and Credits.** Add Lines 14, 15, 16, and 17.**Tax Forgiveness Credit. Submit PA Schedule SP.**19a Filing Status: **01 Unmarried or Separated** **02 Married** **03 Deceased**19b Dependents, Section II, Line 2, **PA Schedule SP**20 Total Eligibility Income from Section III, Line 11, **PA Schedule SP.**21 **Tax Forgiveness Credit** from Section IV, Line 16, **PA Schedule SP.**22 Resident Credit. Submit your **PA Schedule(s) G-L** and/or **RK-1.**23 Total Other Credits. Submit your **PA Schedule OC** and/or **PA Schedule DC.**24 **TOTAL PAYMENTS AND CREDITS.** Add Lines 13, 18, 21, 22, and 23.25 **USE TAX.** Due on internet, mail order, or out-of-state purchases. See instructions.26 **TAX DUE.** If the total of Line 12 and Line 25 is more than line 24, enter the difference here.

27 Penalties and Interest. See the instructions. Enter Code:

If including form REV-1630/REV-1630A, mark the box.

28 **TOTAL PAYMENT DUE.** See the instructions.29 **OVERPAYMENT.** If Line 24 is more than the total of Line 12, Line 25, and Line 27, enter the difference here.**The total of Lines 30 through 36 must equal Line 29.**30 **Refund** – Amount of Line 29 you want as a check mailed to you.31 **Credit** – Amount of Line 29 you want as a credit to your 2025 estimated account.

32 Refund donation line. Enter the organization code and donation amount. See instructions.

33 Refund donation line. Enter the organization code and donation amount. See instructions.

34 Refund donation line. Enter the organization code and donation amount. See instructions.

35 Refund donation line. Enter the organization code and donation amount. See instructions.

36 Refund donation line. Enter the organization code and donation amount. See instructions.

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature

Spouse's Signature, if filing jointly

Preparer's Name and Telephone Number

Date

03-19-2025

E-File Opt Out

Firm FEIN

Preparer's PTIN



PA SCHEDULE SP - 2024
Special Tax Forgiveness
PA-40 SP (08-24)
PA Department of Revenue

2409513922

CLEMANE TOUSSAINT

749936791

Eligibility Questions

1. Are you a dependent on another taxpayer's (parent, guardian, step-parent, etc.) federal tax return? **N**
2. If you answered "Yes" above, does the taxpayer on whose return you are a dependent qualify for tax forgiveness?

IMPORTANT: If you answered "No" to Question 1, please proceed with completing Schedule SP.

If you answered "Yes" to Question 1, you must also have answered "Yes" to Question 2
to be eligible for tax forgiveness and complete Line 1b. or Line 3c. from Section I below.

SECTION I – FILING STATUS FOR TAX FORGIVENESS

1. **X** Unmarried - use **Column A** to calculate your **Eligibility Income**. Enter "01" for Unmarried on Line 19a of the PA-40. Enter a Y in the space that describes your situation:
- a. **X** Single. Unmarried/divorced on Dec. 31, 2024
- b. Single and claimed as a dependent on another person's PA Schedule SP. Enter the other person's:
2. Separated – use **Column A** to calculate your **Eligibility Income**. Enter a "Y" in this space only if (a) you are separated pursuant to a written agreement or (b) you were married, but separated and lived apart for the last six months of the year. Enter a "01" in the space for Unmarried on Line 19a of the PA-40.
3. Married - Enter "02" for Married on Line 19a of your PA-40. Enter your spouse's name and SSN above. Enter a "Y" in the space that describes your situation:
- a. Married and claiming Tax Forgiveness together with my spouse. Use **Column A** to calculate **Eligibility Income**.
- b. Married and filing separate PA tax returns.
- Certification.** Enter a "Y" in this space certifying that you and your spouse are submitting the same information on each PA Schedule SP.
Use **Columns B and C** to calculate your **Eligibility Income**.
- c. Married with a spouse who is a dependent on another person's PA Schedule SP or federal income tax return. Use **Columns B and C** to calculate **Eligibility Income**. Enter the other person's:
- d. Separated and lived apart from my spouse but for less than the last six months of the year. Use **Columns B and C** to calculate **Eligibility Income**.
Enter your spouse's name and SSN above.
4. Deceased - use **Column A** to calculate your **Eligibility Income**.
Enter "03" for Deceased on Line 19a of the PA-40. You must annualize the decedent's income (see the instructions) and briefly describe your method:

SECTION II – DEPENDENT CHILDREN

Provide all the information for each dependent child. If more than nine dependent children, submit additional schedules as needed.

1.	DEPENDENT'S NAME	AGE	RELATIONSHIP	SSN
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2. Number of dependent children. Enter on Line 19b of your PA-40.

0

Important: Only claim the child or children that you claimed as your dependent(s) on your 2024 Federal Income Tax return.



2409513922

PA SCHEDULE SP - 2024
Special Tax Forgiveness
PA-40 SP (08-24)
PA Department of Revenue

2409613938

CLEMANE TOUSSAINT

749936791

SECTION III – ELIGIBILITY INCOME

Married taxpayers filing jointly use **Column A** and **Eligibility Income Table 2**.

Single filers, qualifying separated filers, and if filing for a decedent use

Column A and **Eligibility Income Table 1**.

Married taxpayers filing separately, and taxpayers separated but not for the last six months of the year use

Columns B and C, and **Eligibility Income Table 2**.

Column A Unmarried or Married Filing Jointly		The Eligibility Income Tables are on page 39 of the PA-40 booklet.		Column B Taxpayer	Column C Spouse
1.	1478	PA taxable income from Line 9 of your PA-40	1.		
2.	0	Nontaxable interest, dividends and gains, and/or annualized income	2.		
3.	0	Alimony	3.		
4.	0	Insurance proceeds and inheritances	4.		
5.	0	Gifts, awards, and prizes	5.		
6.	0	Non-PA income - part-year residents and nonresidents	6.		
7.	0	Nontaxable military income – Do not include combat pay	7.		
8.	0	Gain excluded from the sale of a residence	8.		
9.	0	Nontaxable educational assistance	9.		
10.	0	Foster care and cash received for personal purposes	10.		
11.	1478	←Total Eligibility Income for Column A			

Total Eligibility Income for Columns B and C – add Lines 1 through 10 for each spouse and enter the total → 11.

SECTION IV – CALCULATING YOUR TAX FORGIVENESS CREDIT

12.	45	PA Tax Liability from your PA-40, Line 12 (if amended return, see instructions)	12.
13.	0	Less Resident Credit from your PA-40, Line 22	13.
14.	45	Net PA Tax Liability. Subtract Line 13 from Line 12	14.
15.	1.00	Percentage of Tax Forgiveness entered as a decimal from the Eligibility Income Table using your dependents from Section II and your Total Eligibility Income from Line 11	15.
16.	45	Tax Forgiveness Credit. Multiply Line 14 by the decimal on Line 15.	16.



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PA-8453 (EX) 03-24 (I)

PENNSYLVANIA INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING

2024

For the year Jan. 1 – Dec. 31, 2024		Declaration Control Number/Submission ID		
Primary Taxpayer's Social Security Number 749936791		Secondary Taxpayer's Social Security Number		
Last Name TOUSSAINT	Primary Taxpayer's Name, Initial; Secondary Taxpayer's First Name, Initial; Secondary Taxpayer's Last Name (only if different) CLEMANE			
Home Address (Number and Street including Rural Route or P.O. Box) 272 E QUEEN ST				
City CHAMBERSBURG		State PA	ZIP Code 17201	Daytime Telephone Number 407 219-8554

The above information must match that on the electronic return exactly.

Mark Proper Filing Status ☒ S Single ☐ M Married, Filing Separately ☐ J Married, Filing Jointly ☐ D Deceased ☐ F Final Return

SECTION I

TAX RETURN INFORMATION (whole dollars only)

1. Adjusted PA taxable income (Form PA-40, Line 11)	1.	1478
2. PA tax liability (Form PA-40, Line 12)	2.	45
3. Total PA tax withheld (Form PA-40, Line 13)	3.	45
4. Amount to be refunded (Form PA-40, Line 30)	4.	45
5. Total payment (tax due) (Form PA-40, Line 28)	5.	0

SECTION II

DIRECT DEPOSIT OF REFUND OR ELECTRONIC FUNDS WITHDRAWAL OF TAX DUE (optional - see instructions)

STAPLE COPY OF STATE W-2(s), W-2G and 1099(s) HERE	6. Routing transit number (RTN) 267084131	7. Depositor account number (DAN) 679262223	8. Type of account: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	9. Debit date
	NOTE: The first two numbers of the RTN must be 01 through 12 or 21 through 32.			

SECTION III

DECLARATION OF TAXPAYERS (sign only after Section I is complete)

10. ☒ a. I consent for my refund to be directly deposited as designated in Section II and declare all information shown on Lines 6 through 8 is correct. I certify the ultimate destination of the funds is within the U.S. or one of its territories. If I have filed a joint return, this is an irrevocable appointment of the other Taxpayer as an agent to receive the refund.
- ☐ b. I am not receiving a refund or I do not want direct deposit of my refund.
- ☐ c. I authorize the Pennsylvania Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to my payment. I certify the funds for this withdrawal are originating from an account within the U.S. or one of its territories. I may revoke this authorization by notifying the Pennsylvania Department of Revenue no later than two business days prior to the payment (settlement) date. I understand notification must be made in writing by email to ra-achrevok@pa.gov.

If I have filed a balance-due return, I understand that if the PA Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax and all applicable interest and penalties. If I have filed a joint federal and state tax return and there is an error on my state return, I understand my federal return will be rejected.

I declare under penalties of perjury that I have compared the information on my return with the information I provided to my electronic return originator and the amounts match those on my 2024 PA Tax Return (PA-40). To the best of my knowledge, my return is true and complete. I authorize my electronic return originator to send my return and accompanying schedules and statements to the Internal Revenue Service (IRS) and the IRS to subsequently send them to the PA Department of Revenue. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. If I am filing from a home computer, I understand that I am required to keep this form and supporting documents for three years.

SIGN HERE	Primary Taxpayer	Date	Secondary Taxpayer	Date
		03-19-2025		

SECTION IV

DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER (see instructions)

I declare that I have received the above-named taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I obtained the taxpayer's signature on this form before submitting this return to the PA Department of Revenue. I provided the taxpayer with a copy of all forms and information to be filed with the IRS and the PA Department of Revenue and followed all other requirements specified by the PA Department of Revenue and described in the IRS Publication 1345, Handbook for Electronic Filers of Individual Tax Returns (Tax Year 2024). If I am the preparer, under penalty of perjury, I declare that I examined the above-named taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. I understand that I am required to keep this form and supporting documents for three years.

ERO'S USE ONLY	ERO's Signature	Date	<input type="checkbox"/> Mark if also paid preparer	<input type="checkbox"/> Mark if self-employed	EIN/SSN or PTIN
	Firm's Name (or yours if self-employed)				
	Address	City	State	ZIP Code	Phone Number
PAID PREPARER'S USE ONLY	Preparer's Signature	Date	<input type="checkbox"/> Mark if self-employed	EIN/SSN or PTIN	
	Firm's Name (or yours if self-employed)				
	Address	City	State	ZIP Code	Phone Number

Electronic Return Originators (EROs) and paid preparers must retain this form and supporting documents for three years.
DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.